

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Charles Adamson</i>		Town <i>Arery</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>Arery</i>		Month <i>12</i>		Day <i>17</i>		Age <i>31</i>	
Date of death <i>1909</i>		Years <i>31</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Maryland</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>X</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>Robert L. Adamson</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Adamson</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Ruben Pumphrey</i>		How related to deceased <i>Not at all</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>Five years</i>
Immediate <i>Hemorrhage from the lungs</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edward Anderson M.D.</i>
	Address <i>Rockville, Md.</i>
Accident or Suicide? <i>—</i>	



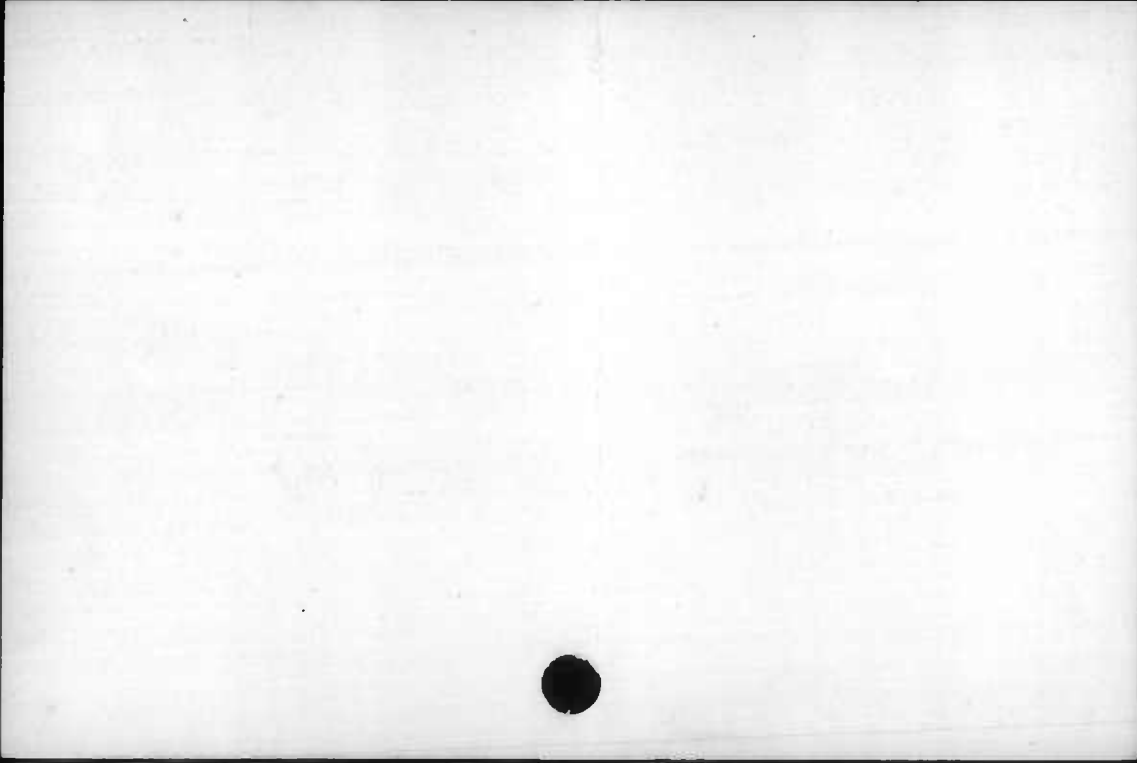
Name in Full		CERTIFICATE OF DEATH			
Mary C. Appleby		Town		County	
Died at near Dickerson		Montgomery		MARYLAND	
Date of death	1909	Month Dec.	Day 14	Age Unknown	Months Days
Sex Female	Color or Race White	Birth- place Unknown			
Occupation Housewife		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband Married			
Father's Name Unknown		Father's Birthplace Unknown			
Mother's Maiden Name Unknown		Mother's Birthplace Unknown			
Name of person giving In formation T. R. Gough, M. D.		How related to deceased			
CAUSES OF DEATH					
Primary		How long			
Immediate Pulmonary Tuberculosis		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician T. R. Gough			
		Address Barnesville, Md.			
Accident or Suicide?					

related  
TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name in Full		Susannah Beckwith				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Fairland		Montg		MARYLAND	
	Date of death	1909	Dec.	21	Age	79	Months 0 Days 3
	Sex	Female		Color or Race	White		Birth-place
	Occupation	None		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Elbert Beckwith				Father's Birthplace	md
	Mother's Maiden Name	Susan Burgess				Mother's Birthplace	"
Name of person giving information	Mrs. Gus Rhine				How related to deceased	Sister	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(93) ✓</div>							
PHYSICIAN OR CORONER	Primary	Lobar Pneumonia				How long	3 days
	Immediate	Asphyxia				How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	Yes				Address		
Accident or Suicide?				H. T. Brown Silver Spring md			



Name  
in  
Full

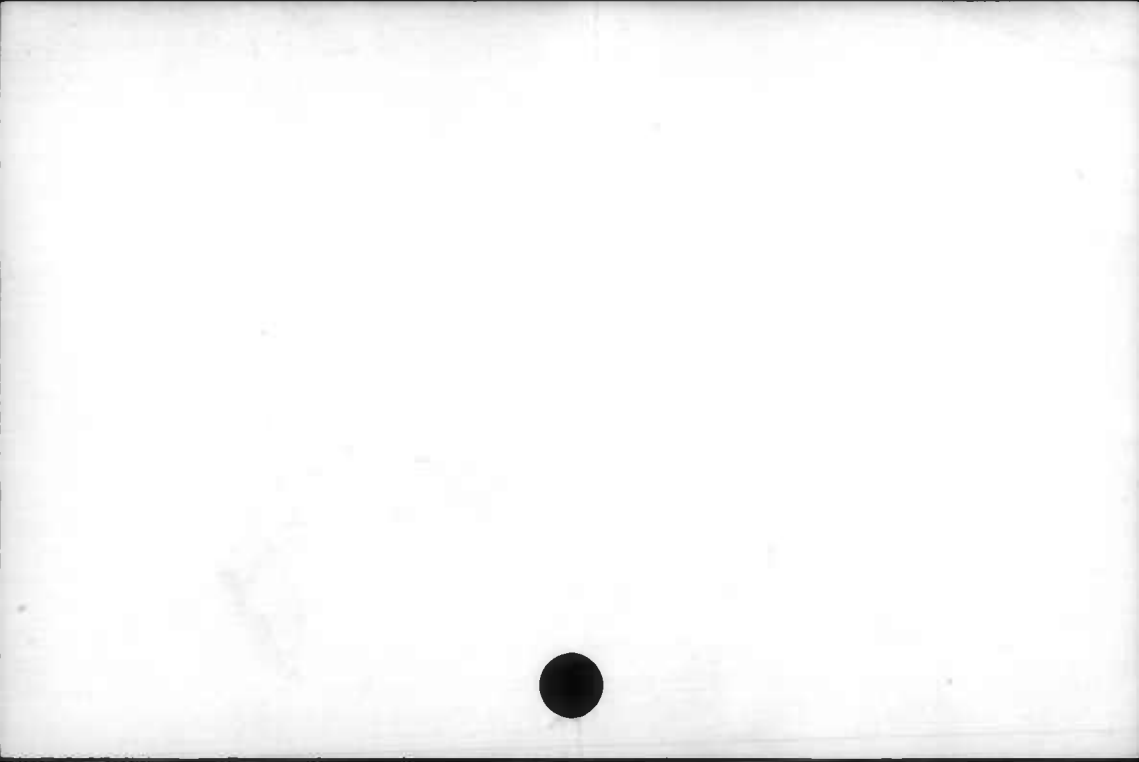
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>John H. Cannon</i>		Town <i>Kensington</i>		County <i>Montgomery</i>		MAYLAND					
Died at		Month <i>Dec</i>		Day <i>25</i>		Years <i>80</i>		Months <i>10</i>		Days <i>—</i>	
Date of death <i>1909</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Va</i>					
Occupation <i>None</i>		Where Residing if not at place of death <i>Same</i>									
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>									
Father's Name <i>Cannon</i>		Father's Birthplace <i>Va</i>									
Mother's Maiden Name <i>Turnbull</i>		Mother's Birthplace <i>Va</i>									
Name of person giving Information <i>Mrs John A. Cannon</i>		How related to deceased <i>(166) niece</i>									

PHYSICIAN  
OR CORONER

CAUSES OF DEATH	
Primary <i>Getting out of bed fell against edge of chair</i>	How long <i>6 days</i>
Immediate <i>Paralysis of bowels</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. L. Lewis M.D.</i>
	Address <i>Kensington Md</i>
Accident or Suicide <i>—</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Clara Haberman Buff* Town *Colesville* County *mont* **MARYLAND**

Died at *Colesville* Month *dec* Day *25* Years *47* Months *11* Days

Date of death *1909* Sex *Female* Color or Race *white* Birth-place *N. Y.*

Occupation *house wife* Where Residing if not at place of death

Married, ~~Single~~ *widowed* Name of Wife or Husband *John Buff*

Father's Name *John Haberman* Father's Birthplace *Germany*

Mother's Maiden Name *unknown* Mother's Birthplace *11*

Name of person giving Information *John Buff* How related to deceased *Husband*

## CAUSES OF DEATH

42

PHYSICIAN  
OR CORONER

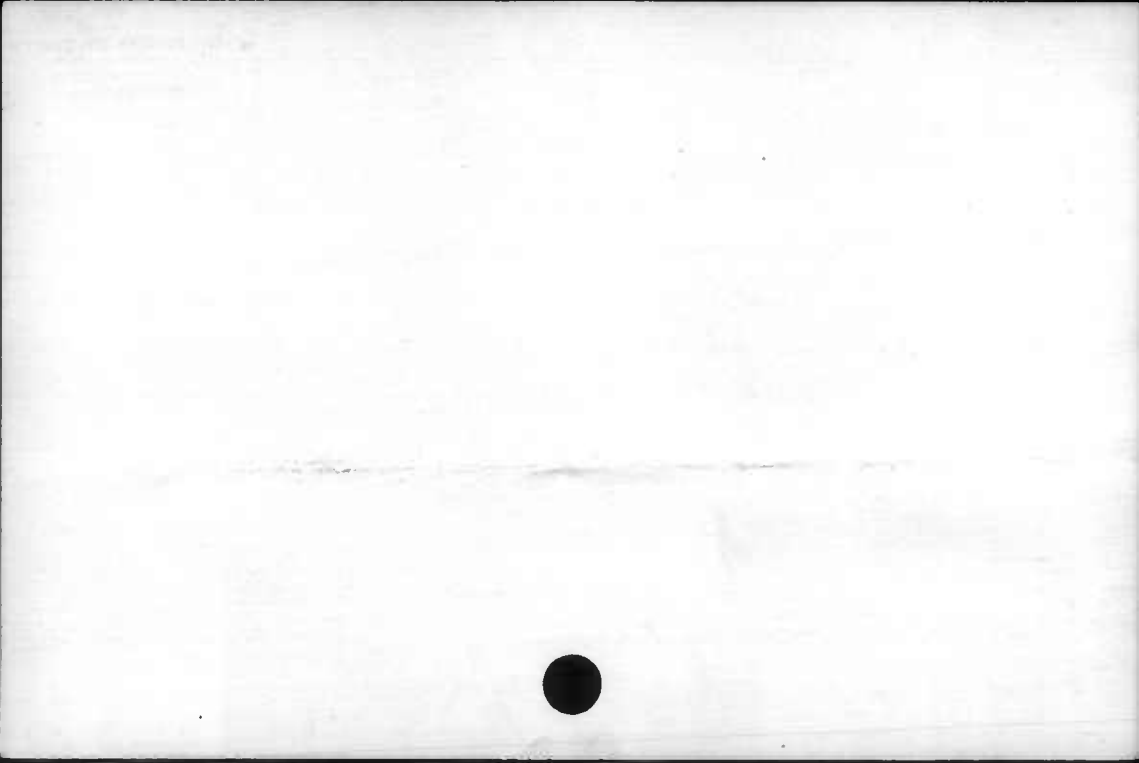
Primary *Cancer of womb* How long *5 months*

Immediate *Heart Failure* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. H. Bateon*

Address *Colesville Md*

Accident or Suicide



Name  
in  
Full

Mrs. Florence S. Draper

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Washington Grove</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death	1909	Month	December	Day	21	Age	39
Sex	Female	Color or Race	White	Birth-place	Prince George's Co. Md.		
Occupation	Housewife			Where Residing if not at place of death	Washington, D.C.		
Married, Single or Widowed	Married		Name of Wife or Husband	Paul A. Draper.			
Father's Name	Basil Baden			Father's Birthplace	Prince George's Co., Md.		
Mother's Maiden Name	Amelia A. Baden			Mother's Birthplace	Prince George's Co., Md.		
Name of person giving Information	Paul A. Draper			How related to deceased	Husband		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>many months</i>
Immediate	<i>Pulmonary Tuberculosis</i>	How long	<i>many months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Apparently</i>	Signature of Physician	<i>John H. Lindsey.</i>
		Address	<i>Stamant Sanatorium Washington Grove, Maryland.</i>
Accident or Suicide	<i>No</i>		



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Katie Fahrenwald

Town

County

Died at

Friendship Heights Montgomery

MARYLAND

Date

of death

1909

Month

Dec

Day

26

Age

Years

64

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Russia

Occupation

Housewife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Unknown

Father's  
Name

Father's  
Birthplace

Russia

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Russia

Name of person giving  
Information

Husband, (Fahrenwald)

How related  
to deceased

Husband

CAUSES OF DEATH

(120)

Primary

Chronic Parenchymatous Nephritis

How long

2 years

Immediate

cardiac asthma

How long

2 weeks

Are the name, age, sex, color, date  
and place correctly given above?

Y, the  
best of my knowledge

Signature of  
Physician

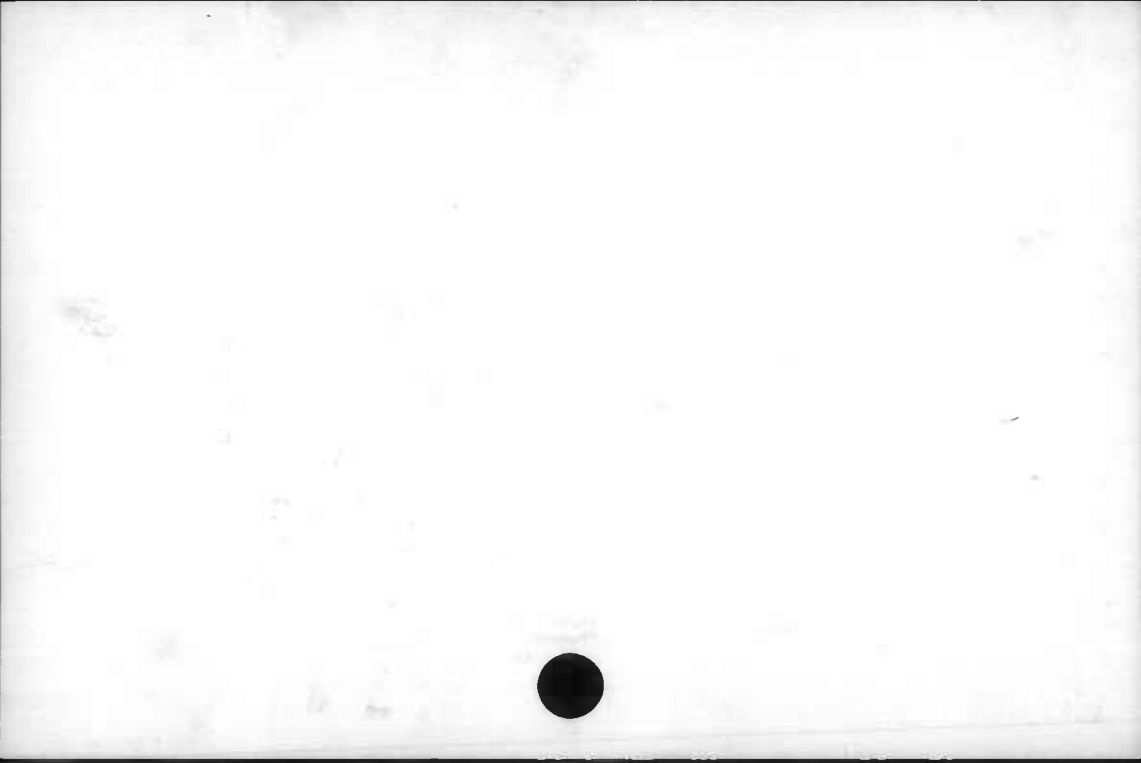
J. J. Moulden

Address

Bethesda, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Henry Foreman

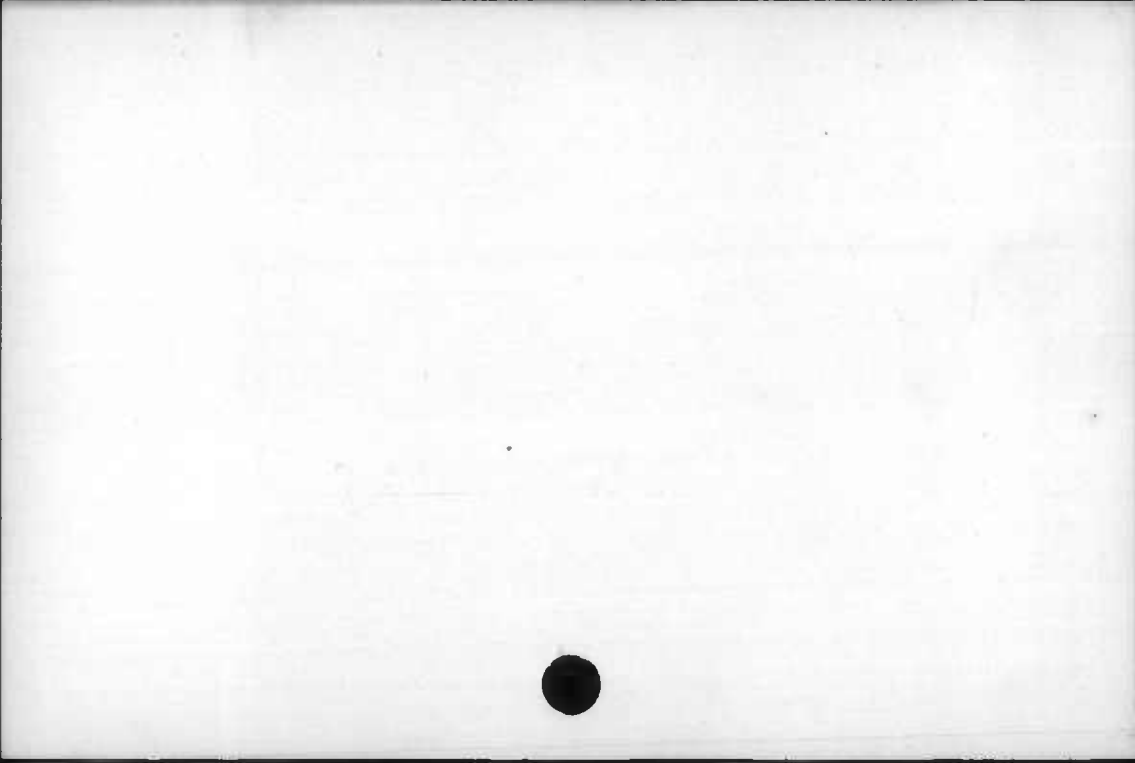
## CERTIFICATE OF DEATH

Died at		Town <i>Olney</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	1909	Month	Dec.	Day	26	Years	Age 19.
Sex	Male		Color or Race	Colored		Birth-place	<i>Montg. Co. Md.</i>
Occupation	<i>Broom maker</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		<i>—</i>		
Father's Name	<i>Herbert Jones</i>				Father's Birthplace	<i>Prince Georges Md.</i>	
Mother's Maiden Name	<i>Mary Foreman</i>				Mother's Birthplace	<i>Montg. Co. Md.</i>	
Name of person giving information	<i>Moore Butler</i>				How related to deceased	<i>Step. Father</i>	

## CAUSES OF DEATH

35

PHYSICIAN OR CORONER	Primary	<i>Scrofula</i>	How long	<i>About one year</i>
	Immediate	<i>Pneumonia</i>	How long	<i>Some days.</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes.</i>	
	Signature of Physician		<i>Chas. Forquhar.</i>	
	Address		<i>Olney, Md.</i>	
Accident or Suicide?				





Name  
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CERTIFICATE OF DEATH

*Eliza A Gording*

Town

County

MARYLAND

Died at *Kensington*

*Montgomery*

Date

Month

Day

Years

Months

Days

of death

*1909 Dec*

*16*

Age

*55*

*11*

*6*

Sex

*Female*

Color or  
Race

*White*

Birth-  
place

*Virginia*

Occupation

*Housewife*

Where Residing if not  
et place of death

*Same*

Married, Single  
or Widowed

*Married*

Name of Wife or  
Husband

*Jas H. Gording*

Father's  
Name

*J.C. Davis*

Father's  
Birthplace

*Va*

Mother's  
Maiden Name

*Eliza Virginia Heflin*

Mother's  
Birthplace

*Va*

Name of person giving  
Information

*Jas H. Gording*

How related  
to deceased

*Husband*

CAUSES OF DEATH

Primary

*Cancer of the Uterus  
Exhaustion*

How long

*1 year*

Immediate

How long

*few weeks*

Are the name, age, sex, color, date  
and place correctly given above?

*Yes*

Signature of  
Physician

*W. L. Davis*

Address

*Kensington*

*MD*

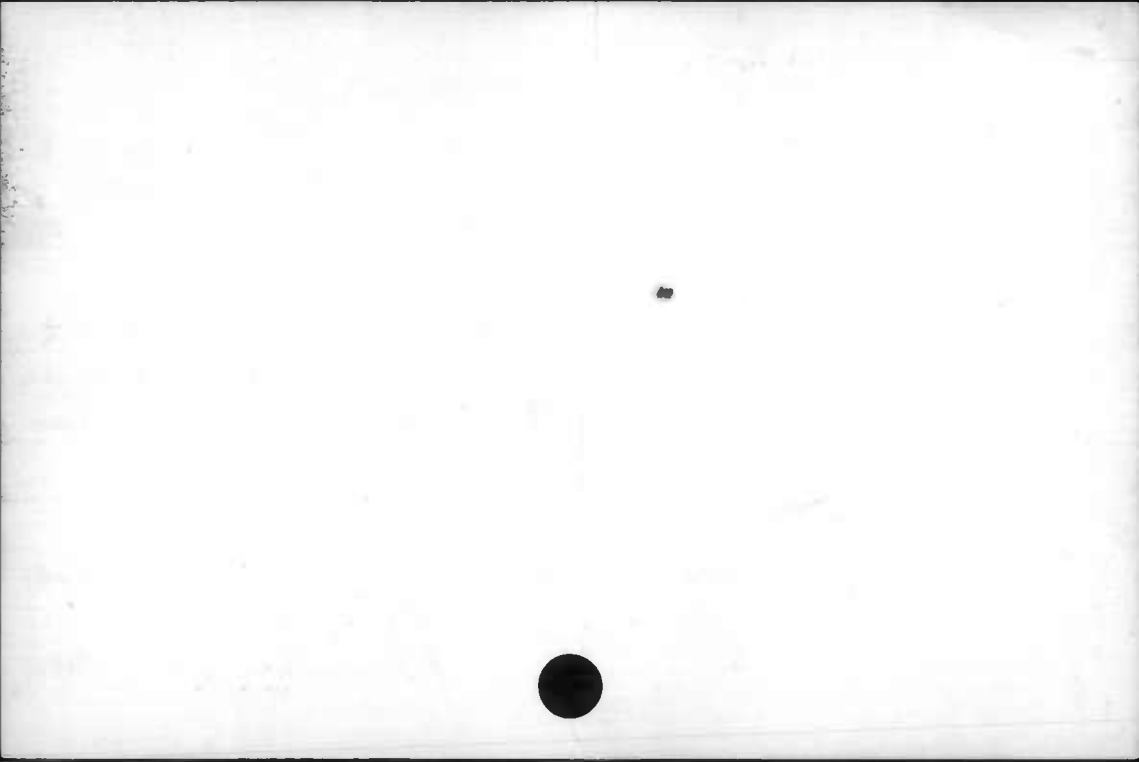
Accident or Suicide

*No*

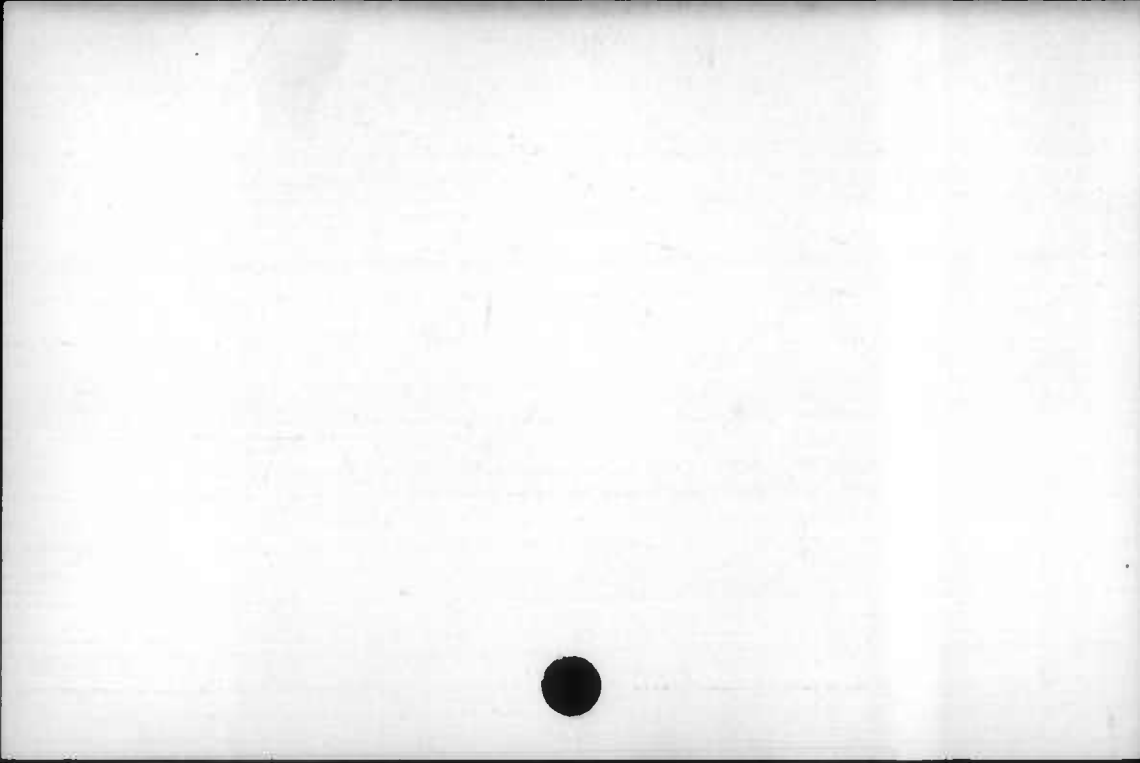
TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

*e*



Name in Full <b>Maria Green</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Brooksville</b> <sup>Town</sup>		<b>Montgomery</b> <sup>County</sup>
	Date of death <b>1909</b> <sup>Month</sup> <b>Dec.</b> <sup>Day</sup> <b>26</b>		<b>80</b> <sup>Years</sup> <sup>Months</sup> <b>00</b> <sup>Days</sup>
	Sex <b>Female</b>	Color or Race <b>Colored</b>	Birth-place <b>Maryland</b>
	Occupation <b>Cook</b>	Where Residing if not at place of death _____	
	Married, Single or Widowed <b>Widow</b>	Name of Wife or Husband _____	
	Father's Name <b>Unknown</b>	Father's Birthplace <b>Unknown</b>	
	Mother's Maiden Name <b>Unknown</b>	Mother's Birthplace <b>Unknown</b>	
Name of person giving information <b>George Duails</b>		How related to deceased <b>Son-in-law</b>	
		<div>CAUSES OF DEATH</div> <div><b>120</b> ✓</div>	
PHYSICIAN OR CORONER	Primary		How long
	Immediate <b>Bright's disease</b>		How long <b>About 3 mos.</b>
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>W. F. Green</b>	Address <b>Brooksville, Md.</b>
	Accident or Suicide? _____		



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mrs. Lavilla Celestia Hilton</i>		Town <i>Damascus</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>Damascus</i>		Month <i>Dec.</i>		Day <i>2</i>		Years <i>68</i>	
Date of death <i>1907</i>		Month <i>Dec.</i>		Day <i>2</i>		Years <i>68</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Damascus, Md.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Walter Hilton</i>		Father's Birthplace <i>Damascus, Md.</i>					
Mother's Maiden Name <i>Fanny Hilton</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Clarence Hilton</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>		How long <i>8 days</i>	
Immediate <i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. M. Boyer</i>	
		Address <i>Damascus Md.</i>	
Accident or Suicide?			



Name  
in  
Full

R. Emer. Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

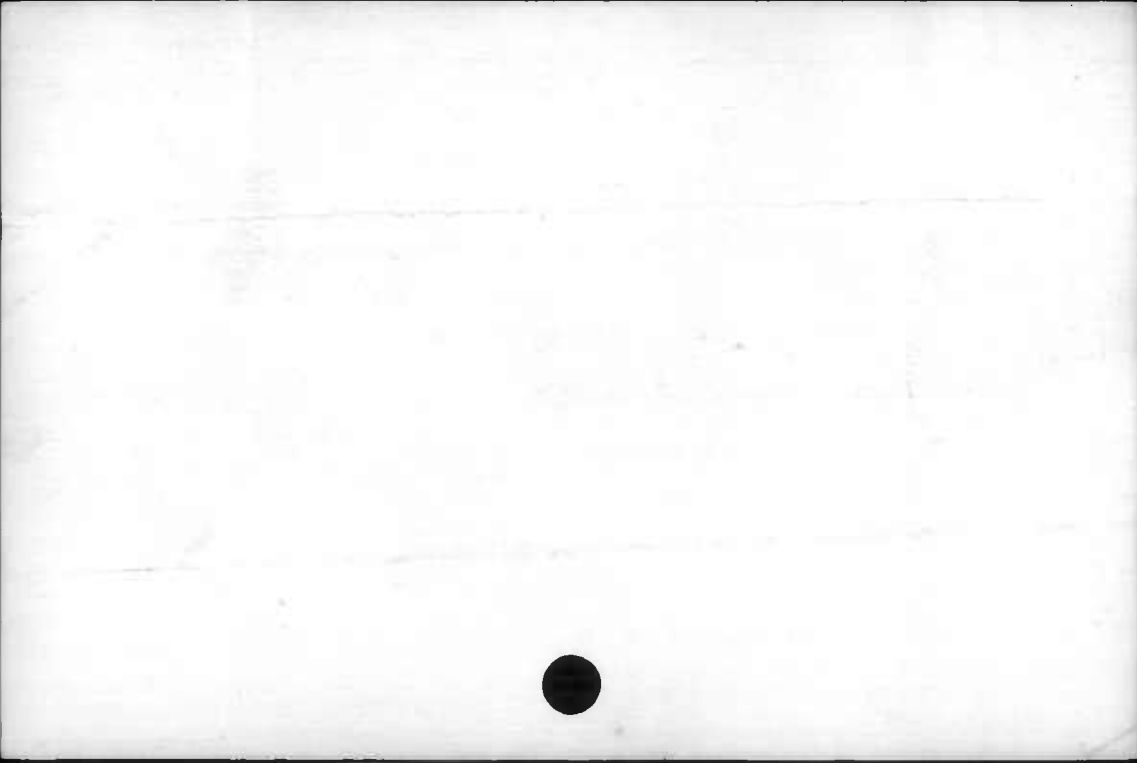
Died at <i>Montreal</i>		Town <i>Montreal</i>		County <i>Montgomery Co</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Dec 6</i>	Day <i>6</i>	Age <i>28</i>	Years <i>6</i>	Months <i>6</i>	Days <i>5</i>	
Sex <i>Female</i>		Color or Race <i>Malaten</i>		Birth-place <i>md</i>			
Occupation <i>Wife</i>		Where Residing if not at place of death <i>Maryland</i>					
Married, Single or <del>Widowed</del>		Name of Wife or Husband <i>R. E. Johnson</i>					
Father's Name <i>William H. Keys</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Annd. G. Keys</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving Information <i>Reathel Keys</i>		How related to deceased					

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>12 days</i>
Immediate <i>Exhaustion</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given?	Signature of Physician <i>C. C. Echison</i>
	Address <i>Garthursburg Md</i>
Accident or Suicide	





Name  
in  
Full

William T. Keyes

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Takoma Park</u> <sup>Town</sup>		<u>Montg.</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1909</u> <sup>Year</sup>	<u>Dec</u> <sup>Month</sup>	<u>15</u> <sup>Day</sup>	Age <u>66</u> <sup>Years</sup>	<u>—</u> <sup>Months</sup>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Rumford Me.</u>
Occupation	<u>Retired</u>		Where Residing if not at place of death	<u>221 Oak Ave</u>	
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Emma E. Keyes</u>		
Father's Name	<u>Henry Keyes</u>			Father's Birthplace	<u>Me.</u>
Mother's Maiden Name	<u>Dora Pittman</u>			Mother's Birthplace	<u>Me</u>
Name of parson giving Information	<u>George R Allen</u>			How related to deceased	<u>Son</u>

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<u>Tuberculosis of Heart</u>	How long	<u>2 years</u>
Immediate	<u>Exhaustion</u>	How long	<u>4 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Alfred Harrison</u>
		Address	<u>Takoma Park, Md.</u>
Accident or Suicide			

Oak Ave

Jas. R. Wright

undertaken

~~Geo R. Allen~~

Name  
in  
Full

Hessie Maywood Long

## CERTIFICATE OF DEATH

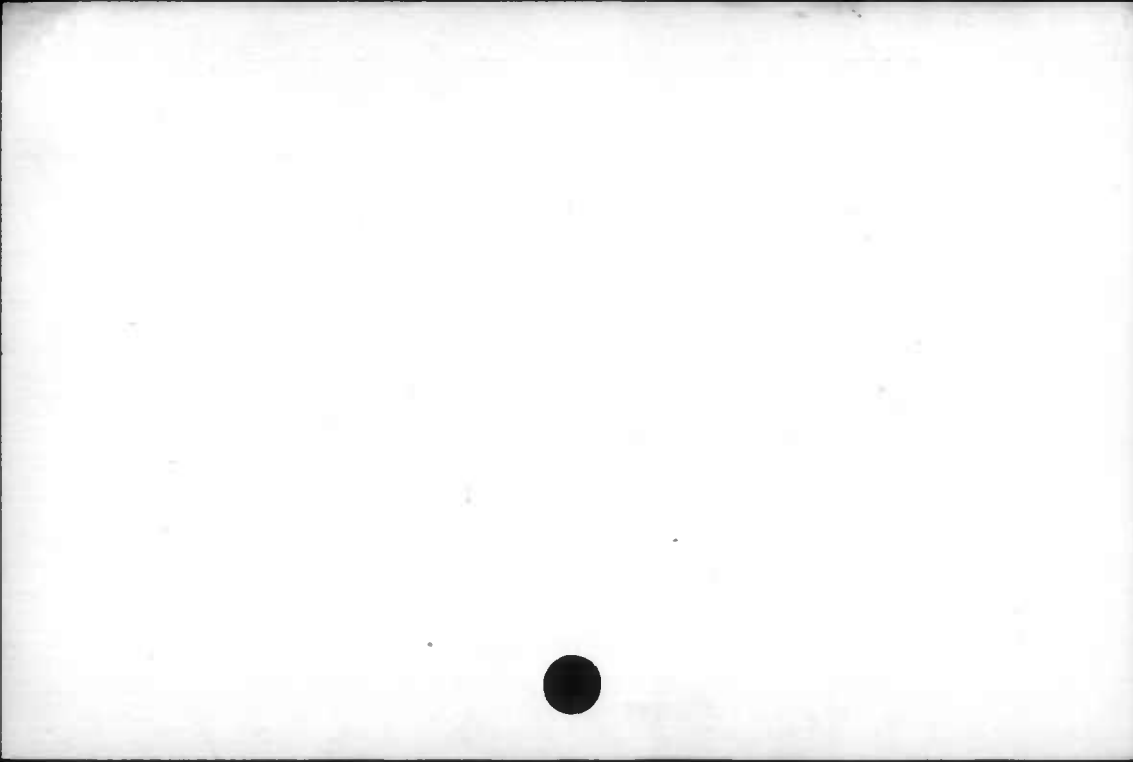
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Laytonsville</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death	1909	Month	Dec	Day	23	Age	18
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birthplace <i>Montgomery Co</i>		Months	7
Occupation <i>none</i>		Where Reeking if not at place of death		Days		23	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband		—			
Father's Name <i>Thomas Long</i>		Father's Birthplace <i>Montgomery Co</i>					
Mother's Maiden Name <i>Gorgannarazier</i>		Mother's Birthplace <i>" "</i>					
Name of person giving Information <i>Gilson M Long</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>10 Mon</i>
Immediate	<i>Exhaustion</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>J H Dyson M.D.</i>	
Address		<i>Laytonsville</i> <i>Montgomery Co</i>	
Accident or Suicide			



Name  
In  
Full

CERTIFICATE OF DEATH

MARYLAND

James W. McElroy mac p  
Died at *near Hunting Hill* *Montgomery* County

Date of death 1909 12 11 Age 7 Months 1 Days 28

Sex Male Color or Race Colored Birth-place Maryland

Occupation None Where Residing if not at place of death X

Married, Single or Widowed Single Name of Wife or Husband X

Father's Name James Henry McElroy Father's Birthplace Maryland

Mother's Maiden Name Maria Daphney Mother's Birthplace Maryland

Name of person giving information James W. McElroy How related to deceased Father

CAUSES OF DEATH

27

Primary Pulmonary Tuberculosis How long Six months  
Immediate Suffocation How long One hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Edward Anderson M.D.

Address

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Dr. Agnes Moxley*  
*North Chrys Ches* County  
Month Day Years  
Date of death *1909* *Dec* *7* Age *30*

Months Days

Sex *Female* Color or Race *white* Birth-place *Va*  
Occupation *Housewife* Where Residing if not at place of death *same*

Married, Single or Widowed *Married* Name of Wife or Husband *J. Henry Moxley*

Father's Name *David P. Country* Father's Birthplace *Va*

Mother's Maiden Name *Margaret A. Hillier* Mother's Birthplace *Va*

Name of person giving Information *J. H. Moxley* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Confinement* How long *10 days*  
Immediate *Scarlet Fever* How long *4 days*

Are the name, age, sex, color, data and place correctly given above? *yes* Signature of Physician *W. L. Davis*  
Address *Kennedy St Md*  
Accident or Suicide *no*





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Henry Josiah Norris

Died at <sup>Town</sup> PoolesvilleCounty <sup>Montgomery</sup> Co

MARYLAND

Date of death 1909 <sup>Month</sup> Dec <sup>Day</sup> 17Age <sup>Years</sup> 71 <sup>Months</sup> 11 <sup>Days</sup> 6

Sex Male

Color or Race White

Birth-place Maryland

Occupation Wheelwright

Where Residing if not at place of death Poolesville

Married, Single or Widowed Married

Name of Wife or Husband Mary M. Albaugh

Father's Name Janson Norris

Father's Birthplace Maryland

Mother's Maiden Name Mary Ellen Heller

Mother's Birthplace Maryland

Name of person giving Information Mrs E. J. Norris

How related to deceased 21st

## CAUSES OF DEATH

93

Primary

Pneumonia

How long

4 days

Immediate

Cardiac Arrest

How long

12 hrs

Are the name, age, sex, color, date and place correctly given above?

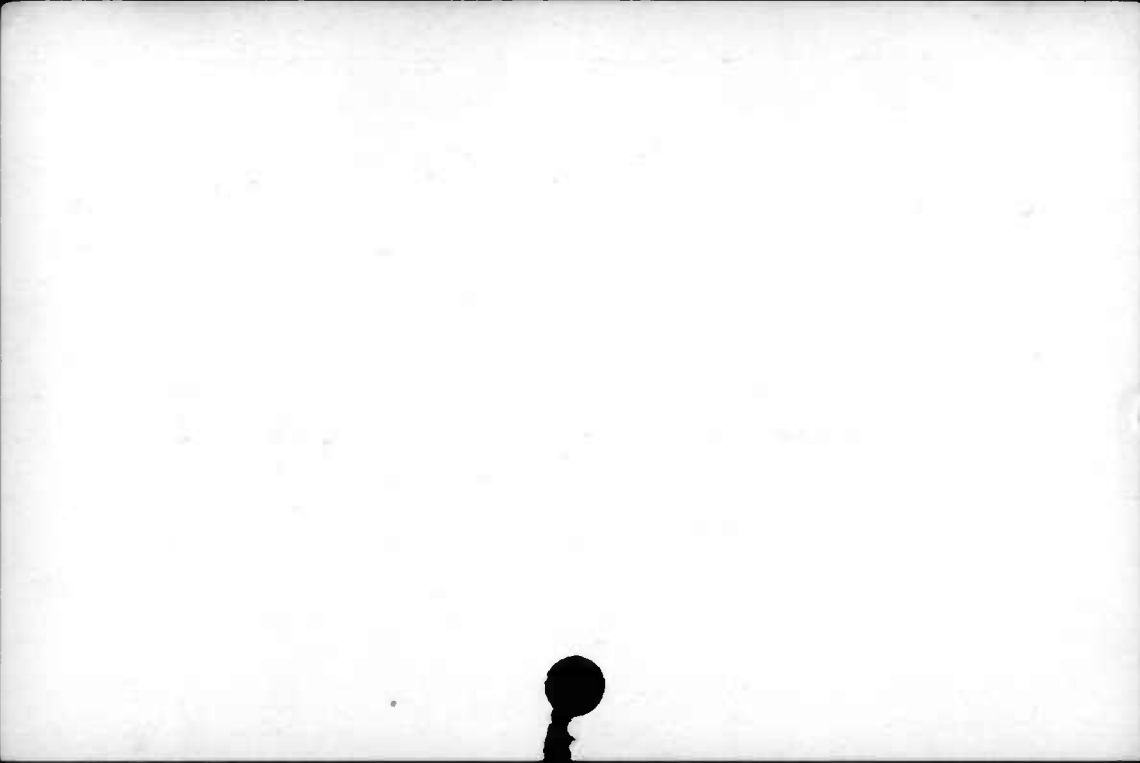
Yes

Signature of Physician

Address

E. W. White  
Poolesville  
Md

Accident or Suicide



Name  
in  
Full

Elezabeth Jackson Lett

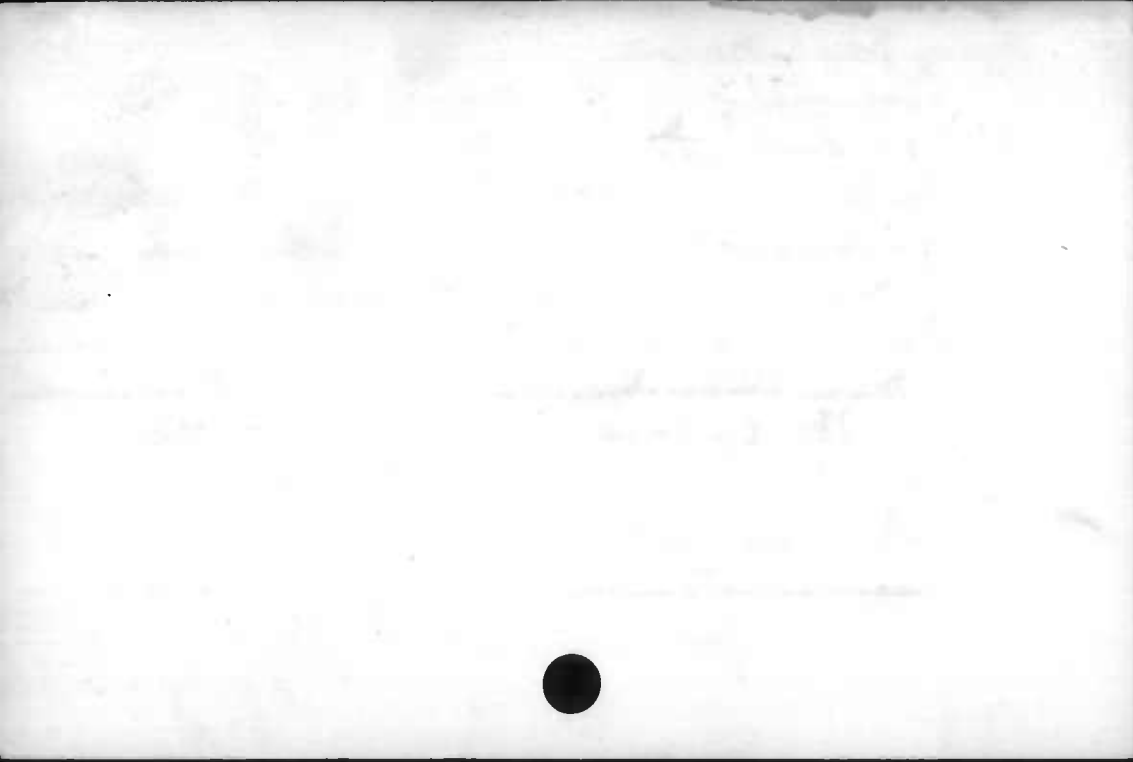
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <u>Grifton</u>		County <u>Montgomery</u>		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Dec 12	1909	Age 87	11	10	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Rappahannock Co Va</u>			
Occupation <u>Domestic</u>				Where Residing if not at place of death			
Married, Single or Widowed <u>Widowed</u>		Name of Wife or Husband <u>John Lett</u>					
Father's Name <u>Daniel Jackson</u>		Father's Birthplace <u>Rappahannock Va</u>					
Mother's Maiden Name <u>Mary Corder</u>		Mother's Birthplace <u>"</u>					
Name of person giving Information <u>Elezabeth Lett Benson</u>		How related to deceased <u>daughter</u>					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Old age with Cancer of Uterus</u>	How long <u>42</u>	<u>several years</u>
	Immediate	<u>Paralysis</u>	How long	<u>3 days</u>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>W H Dyson</u>	
	<u>Yes</u>		Address <u>Raytownville Md</u>	
Accident or Suicide				



Name  
in  
Full

Emeline Matilda Richardson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

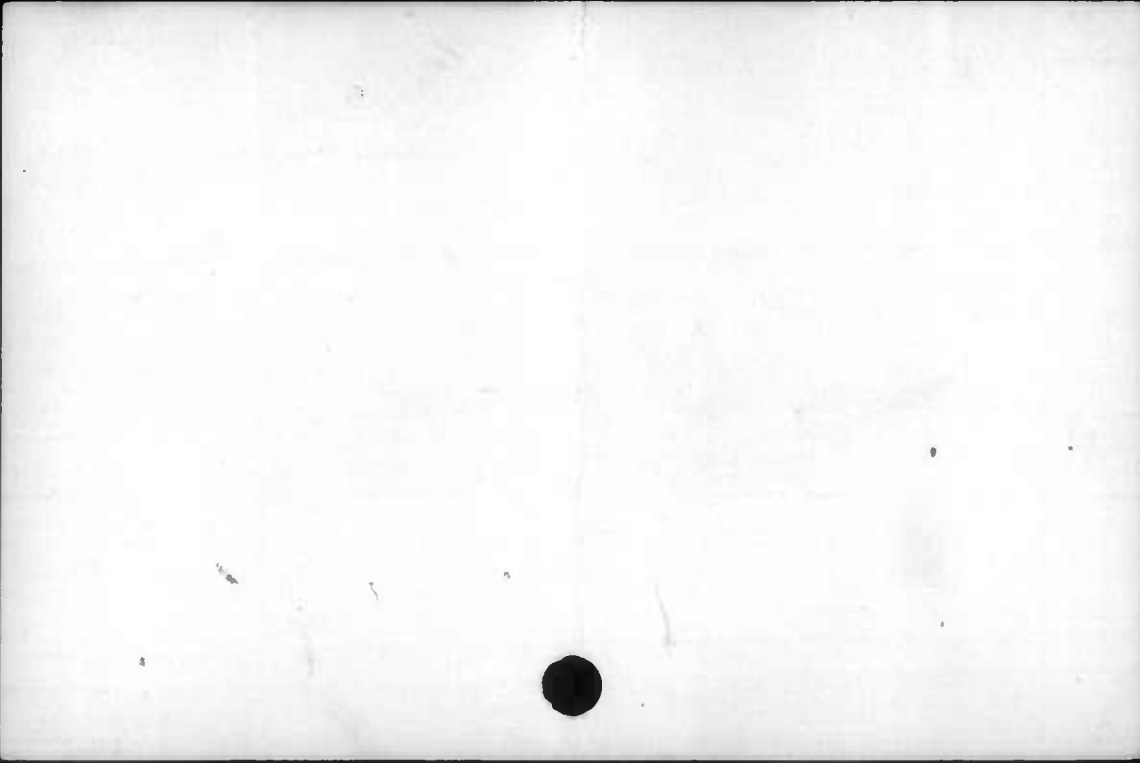
Died at <i>Silver Spring</i>		Town <i>Spring</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	1909	Month	Dec.	Day	25	Age	87
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Boston, Mass.</i>		Months	2
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Washington</i>		Days		19	
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>John Richardson</i>		Father's Name <i>Joshua Emmons</i>		Father's Birthplace <i>Boston, Mass.</i>	
Mother's Maiden Name <i>Julia Ann Gould</i>		Mother's Birthplace <i>" "</i>		Name of person giving information <i>Mrs. Kineman</i>		How related to deceased <i>Daughter</i>	

## CAUSES OF DEATH

(64)

PHYSICIAN  
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>	How long	<i>Three weeks</i>
Immediate	<i>Gen. Paralysis</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. J. Brown M.D.</i>	
<i>Yes.</i>		Address <i>Silver Spring Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Henry Clay Shearer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

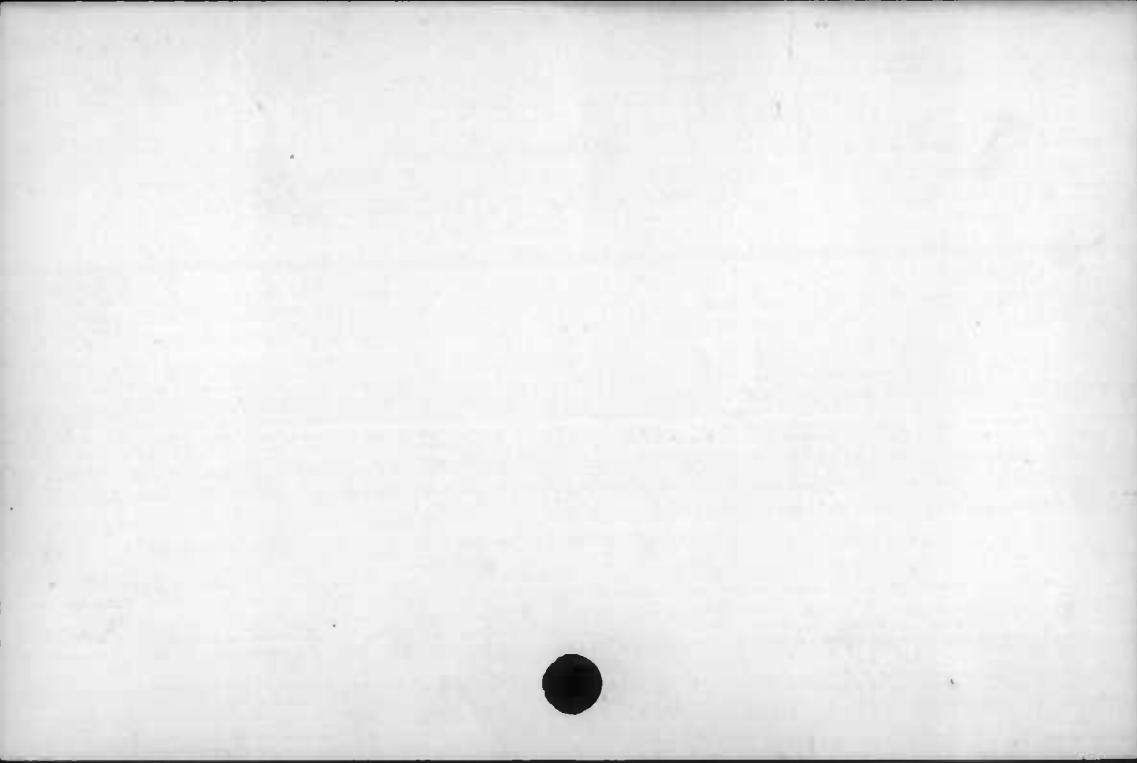
Died at <i>Takoma Park</i> <sup>Town</sup>		<i>Montgomery Co.</i> <sup>County</sup>		MARYLAND	
Date of death <i>1909</i>	Month <i>Dec.</i>	Day <i>22</i> nd.	Age <i>77</i> Years	Months <i>1</i>	Days <i>22</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Hallsburg, W. Va.</i>	
Occupation <i>unknown</i>		Where Residing if not at place of death <i>Grant Ave. Takoma Park</i>			
Married, Single or Widowed		Name of Wife or <del>Husband</del> <i>Margaret Mc Eldery Shearer</i>			
Father's Name <i>Robert Shearer</i>		Father's Birthplace <i>American ship</i>			
Mother's Maiden Name <i>Mary — Shearer</i>		Mother's Birthplace <i>Eastern shore of Maryland</i>			
Name of person giving information <i>Margaret Mc Eldery Shearer</i>		How related to deceased <i>wife</i>			

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <i>Atheromatous Arteries</i>	How long <i>years</i>
Immediate <i>Cerebral Haemorrhage</i>	How long <i>four days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D H Kress</i>
	Address <i>Takoma Park D.C.</i>
Accident or Suicide?	





Name  
in  
Full

Harry Elizabeth Smith.  
Polomac

CERTIFICATE OF DEATH

Died at

Polomac

County

Montgomery

MARYLAND

Date  
of death

1909

Month

DEC 3

Day

1909

Age

Years

56

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Virginia.

Occupation

Housewife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

James H. Smith.

Father's  
Name

W. S. Harrison

Father's  
Birthplace

Virginia

Mother's  
Maiden Name

Catherine Whitmore

Mother's  
Birthplace

Virginia

Name of person giving  
Information

Rice Myers.

How related  
to deceased

Sister.

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Valvular Heart Lesions.

Immediate

Acute Indigestion.

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

Address

104

How long

Unknown.

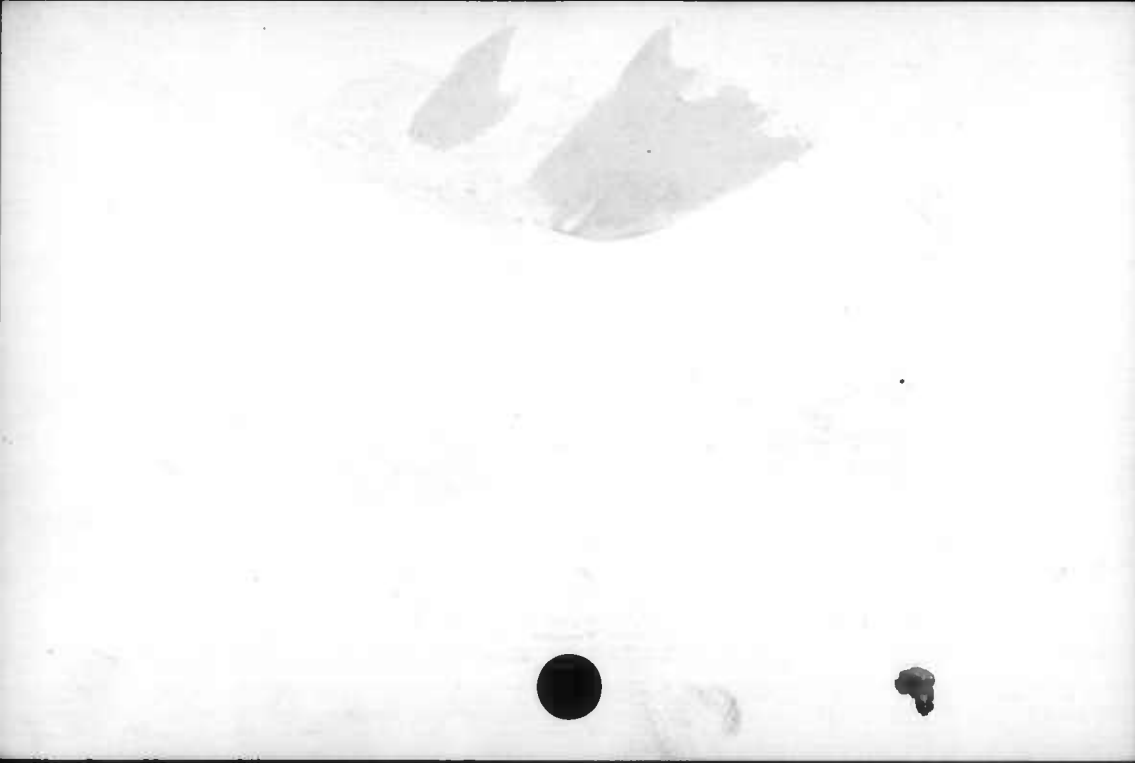
How long

Three days.

W. P. Hall

Polomac, Md.

Accident or Suicide



Name  
in  
Full

Lavander W. Watkins  
Town County

CERTIFICATE OF DEATH

Died at Damascus Montgomery MARYLAND

Date of death 1909 Dec 12 Age 5-7 -

Sex Female Color or Race White Birth-place Md

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Mordaci J Watkins

Father's Name Charles Miles Father's Birthplace Md

Mother's Maiden Name Eliza Sheekles Mother's Birthplace Md

Name of person giving Information Edna A League How related to deceased Daughter

CAUSES OF DEATH

10

Primary Typhoid Fever, followed by Congestion of Lung How long 9 days

Immediate Exhaustion & cerebral hemorrhage How long 6 hrs.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

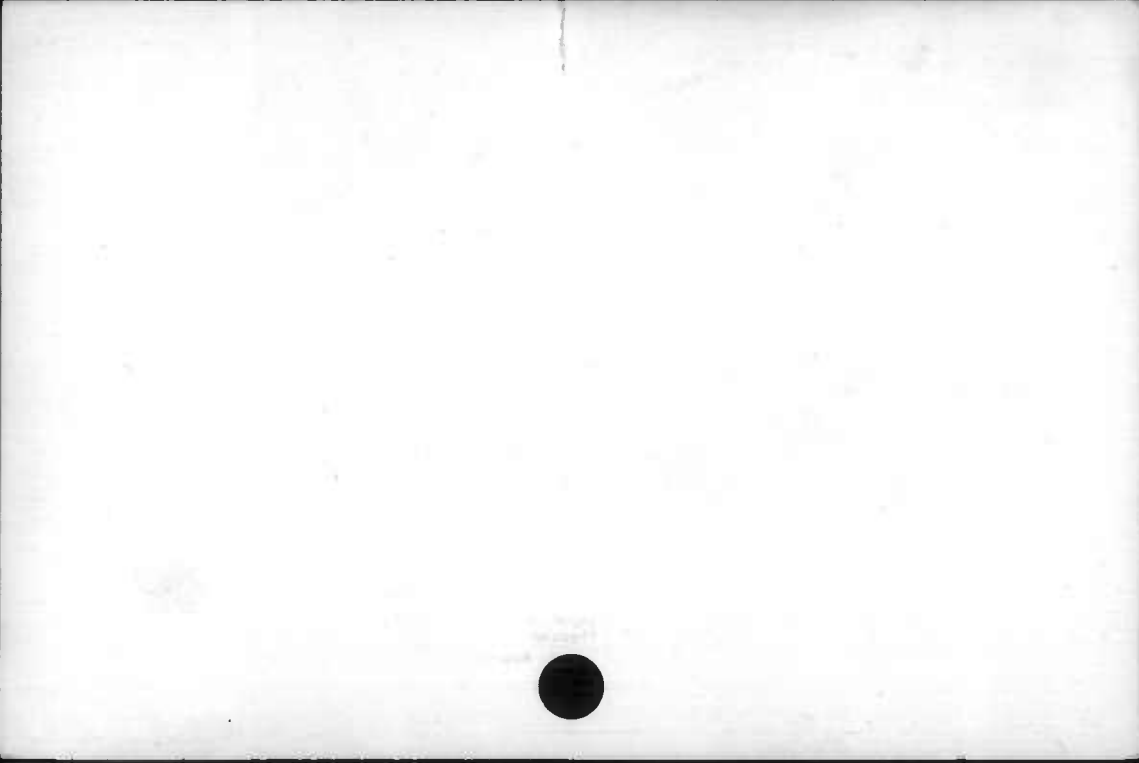
Address

B. C. Frazier M.D.  
Kempston Ind.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
In  
Full

Paul A. Watkins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Belair</i>		Town <i>B.F.D.</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Dec</i>	Day <i>22</i>	Age <i>79</i>	Months	Days <i>5</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Montgomery Co Md</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>William's Watkins</i>					
Father's Name <i>Rezin Hobbs</i>		Father's Birthplace <i>Montgomery Co Md</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Montgomery Co Md</i>					
Name of person giving information <i>William Watkins</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	<i>General Debility due to age</i>	How long	<i>1 yr</i>
Immediate	<i>to age</i>	How long	<i>1 yr</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>D. J. Peels</i>	
		Address	
Accident or Suicide?			



Name  
in  
Full

Watts

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Washington Grove Montgomery CountyDate of death 1909 Month 12 Day 11 Age nd Years Months nd Days ndSex Male Color or Race Colored Birthplace Washington Grove MdOccupation Name Where Residing if not at place of death SameMarried, Single or Widowed Single Name of Wife or Husband NameFather's Name Daniel Watts Father's Birthplace Washington D.C.Mother's Maiden Name Eva Emnis Mother's Birthplace ndName of person giving information Daniel Watts How related to deceased Sister

## CAUSES OF DEATH

Primary

Still Born

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? yes

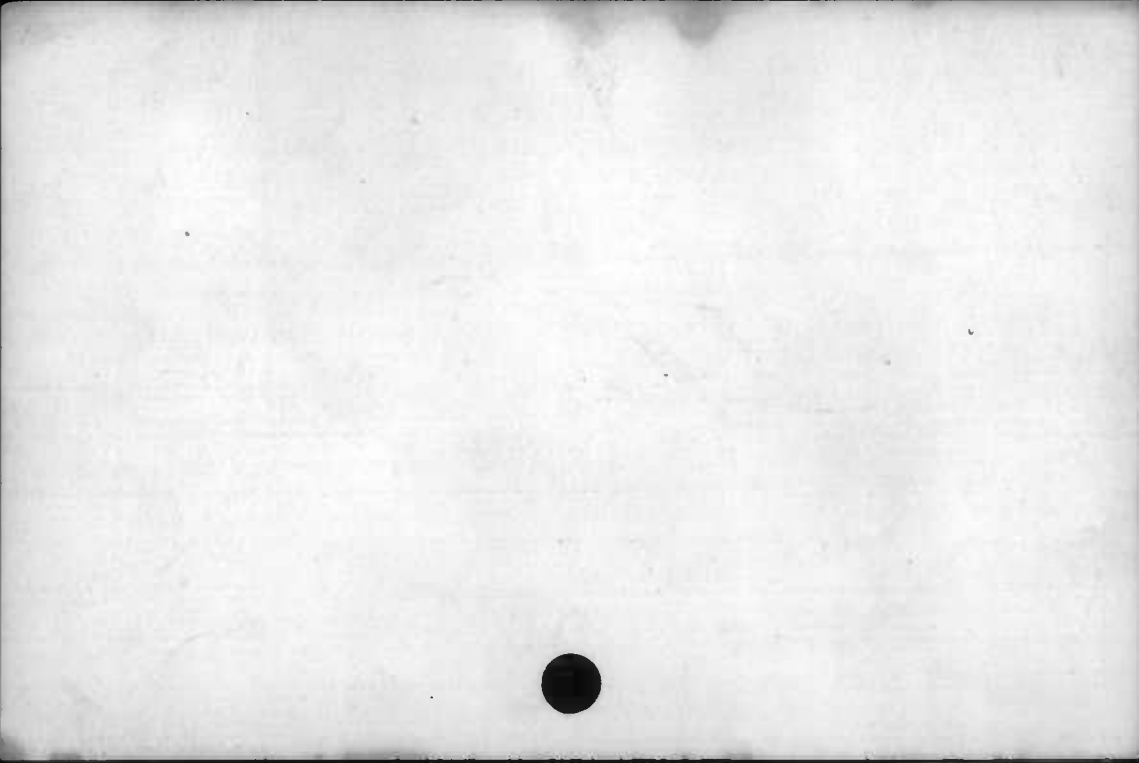
Signature of Physician

Address

H.B. Haidox  
Saundersbury  
md

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name in Full John Lester Weaver

# CERTIFICATE OF DEATH

**TO BE ANSWERED BY  
NEAREST FRIEND**

Died at <u>Georgetown, D.C.</u>		Town		County		<u>MARYLAND</u>	
Date of death <u>190</u>		Month <u>Dec.</u>		Day <u>13</u>		Age <u>15</u> Years Months Days	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Georgetown, D.C.</u>			
Occupation _____		Where Residing if not at place of death _____					

Married, Single or Widowed Single Nama of Wife or Husband

Father's Name L. F. Weaver

Father's Birthplace *Menomphis Ind.*

Mother's  
Maiden Name *Lauria V. Asta*

Mother's Birthplace *Williamsport, Md.*

Name of person giving information J. H. Weaver

How related to deceased *Father.*

### CAUSES OF DEATH

How long

Primary *Malnutrition*

Immediata Examination

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician \_\_\_\_\_

Address \_\_\_\_\_

### Accident or Suicide

PHYSICIAN  
OR CORONER

of Montgomery Hunter, M.D.  
address Washington D.C.

Interment in River View Cemetery  
Williamsport, Md. December 15<sup>th</sup> 1909.  
By J. H. Kreps, Undertaker.